



CROWN Memorandum

Memo Number: 02-0033-GN

TO: ESRD Executive Directors, ESRD Data Managers, Regional Project Officers

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DATE: December 13, 2002

SUBJECT: Monthly Notification Procedures

This is a follow-up to CROWN Memo No. 02-0028-GN dated November 22 regarding the processing of notifications both backlog and new. CROWN Memo No. 28 included a status report that will be provided to the Networks and Regional Office Project Officers each month. As a result of the monthly status report, a lot of questions were generated and we ask that you continue to ask questions through the SIMS Help Desk. As a result of your questions, CMS is continuing to improve the new notifications process with the SIMS Staff. We will keep you informed of changes to the process via CROWN Memo.

We also want to take this opportunity to highlight how the notification process has changed over the past 12 months.

- Notifications are presented in electronic form, with special SIMS utilities to process them. Previously this had been a monthly paper listing.
- Accretions are now automatically added weekly to a SIMS accretions table. Previously this had been a monthly paper listing.
- Networks no longer extract and send 2728s to CMS. This monthly manual process has been replaced. (CMS staff does the extract without network intervention).
- Networks no longer extract and send 2746s to CMS. This monthly manual process has been replaced. (CMS staff does the extract without network intervention).
- The number of "serious errors" associated with REBUS imported 2728s and 2746s has now been significantly reduced. (SIMS now traps these errors during initial data entry.)
- Network staff is no longer required to provide a "census" to REBUS every six months. (CMS staff now extracts patient events from SIMS every day).
- The next SIMS release will include enhancements so that many notifications will require little or NO network intervention. This will include many notifications about Death Date, Birth Date, HICN, First Initial, HMO status and SSN.
- SIMS will provide these statistics to CMS on a weekly basis.

Questions and Answers:

1. What are the definitions of the different reports?
 - Portion of Notifications Received per Network – This report lists the number of notifications received by a network. CMS would expect that the number received proportional to the number of active patients in the network. If a network receives fewer than the average expected it indicates that the SIMS data for that network more closely matches REBUS/REMIS data. Conversely, if a network receives more than the average expected notifications, it indicates that the match between SIMS data for that network and REBUS/REMIS is below average.
 - Notifications Under Investigation - This report lists the number of notifications still under investigation by the network. This indicates that the network has looked at a notification, but is not ready to make a decision about accepting or rejecting the notification. While the number in this category will vary broadly with each network (reflecting different work practice), a huge variation is not expected.
 - Notifications Accepted or Already Matches SIMS – This report lists the number of notifications accepted by the Networks. A higher acceptance rate than the national average indicates that the SIMS data for that network more closely matches REBUS/REMIS data. While there are some local variations in the numbers accepted (since it is related to individual cases), a rate of 0% accepted is questionable.
 - Notifications Rejected by Network – This report lists the number of notifications that the network rejected the CMS status. It is legitimate for a network to reject the information sent by CMS after analysis shows that the SIMS data is better or more current.
2. This week, we addressed about 2300 records, but in each element we notice more records today than we started with at the beginning of the week. How do we know if we are on schedule for this deliverable?

In a CROWN Memo Issued on August 17, 2002 entitled “July Census,” Matthew Leipold established the following policy:

“Network staff is further directed to clear the backlog of notifications, using the SIMS tool, by February 15, 2003. Newly generated notifications should be processed within 30 days of receipt from REBUS/REMIS. CMS is particularly concerned that each notification receive appropriate attention by network staff, and we intend to monitor the use of the SIMS tool. In particular, we will look for abnormalities in the number of notifications that are rejected by the network. “

Given the 6 month lead time established by the CROWN memo, most networks would probably have 2/6 or 33% of their backlog cleared by now.

3. How can we accomplish what CMS wants with these records if we don't know how many were in the "original" dump and each weekly dump?

This table shows the number of backlog notifications as of July 15, 2002.

Net	Total notifications	% National
Net 01	9,729	3%
Net 02	33,618	10%
Net 03	20,103	6%
Net 04	20,670	6%
Net 05	21,760	7%
Net 06	24,352	7%
Net 07	12,244	4%
Net 08	14,938	5%
Net 09	30,779	9%
Net 10	18,291	6%
Net 11	9,680	3%
Net 12	7,066	2%
Net 13	3,590	1%
Net 14	36,089	11%
Net 15	14,617	4%
Net 16	3,959	1%
Net 17	12,610	4%
Net 18	34,960	11%
National	329,055	

4. What is the source = other?

The domain for this element is “other”, EDB, SIMS, and UNOS. Source='OTHER' is the default, and covers such things as bill data and manual investigation by CMS staff.

5. Why are we getting records on patients who have a final loss event before 1996?

If CMS sends a notification about a patient, it means REBUS has just reacted to something significant. (Death date received, change in setting). Several networks want this data, even for “archived patients.” Several others do not. If the information is not useful to a particular network, that network should reject it.

6. How can we get the records ready for REMIS if we process less than given each week?

See the quote from the CROWN Memorandum, above... “Newly generated notifications should be processed within 30 days of receipt from REBUS/REMIS”.

7. Is REMIS on schedule for 2/2003?

The MSP REMIS release occurred on 12/9/2002.

8. If the goal is clean all of REBUS... which it must be based on #3, then how, is it possible to get ready for REMIS (only 1996> records) in 90 days?

The goal is NOT to clean all of REBUS. The goal is to have an accurate national database. If REBUS and SIMS differ about a particular patient's status, or if SIMS does not have all of an active patient's forms, then the national database will never be accurate.

9. How can a network data analyst tell which notifications are "new" in the CROWN program. We don't know of a way to tell the difference between what was the backlog vs. what are the new records.

CMS is not concerned with differentiating between "NEW" and "Backlog" notifications. On March 15, 2003, a network will be considered to have "cleared the backlog" if the only unprocessed records in the notification table on that date are less than 30 days old.

10. We have no way of knowing when notifications have been loaded to gauge the 30 days.

The SIMS notification processing utility will be modified to show the date that a notification record was placed in the database.

11. Could the discrepancies in percentages accepted among the networks have much more to do with which networks chose to "accept" a CMS value when CMS put the suffix in the last name field vs. those networks that chose to "reject" the CMS value when the suffix was in the last name field, i.e., differing network policies?

The policy for various data elements in SIMS should be standardized. As CMS moves toward one national ESRD database, this standardization will become even more necessary. If a network's policy diverges from the national norm, as reflected in the percentages, then CMS will ask that the network to review its policy.

12. Why are some networks incurring "extra work" to respond to notifications for inactive patients, when other networks have dropped these patients totally.

CMS believes that a correction to inactive patient data (especially date of death) is a real value. If the networks that maintain inactive patients do not see the value in updating this data, they should likewise have no issue with automatically accepting the changes the CMS proposes.

13. What should a network do when CMS advises a network of a patient death and the information has not yet been confirmed by the facility?

The network should post the date of death to SIMS. CMS, in discussion with the networks, has agreed that if CMS reports a death that is not attributable to a particular facility, the network should post the death with the provider=CMSDEATH. This should be modified when the facility submits the 2746.